

APPLICATION FOR LEAVE OF ABSENCE

Surname								Initials:						
PERSAL Number:								Shift Worker	Yes		No			
Address during the Leave Period:								Casual Employee	Yes		No			
								Department						
								Component						

SECTION A: For Periods covering a full day			
Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days
Annual Leave			
Normal Sick Leave (Provide supporting evidence when applicable)			
Temporary Incapacity Leave	<i>Temporary incapacity leave must be applied for on the application form prescribed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees.</i>		
Leave for Occupational Injuries and Diseases			
Adoption Leave (Provide supporting evidence)			
Family Responsibility Leave (Provide supporting evidence)			
Pre-natal Leave (Provide supporting evidence)			
Paternity Leave (Provide supporting evidence)			
Special Leave ((Provide supporting evidence)			
Specify Type of Special Leave			
Leave for Union Office Bearers (Provide supporting evidence)			
Leave for Union Shop Stewards (Provide supporting evidence)			
Specify Union Affiliation			
Type of Leave Taken as Calendar Days/Months/Weeks	Start Date	End Date	Number of Calendar Days
Unpaid Leave (Provide motivation)			
Maternity Leave (Provide supporting evidence))			No. of Calendar Months
Surrogacy Leave: Committing Parent (Provide supporting evidence)			No. of Calendar Months
Surrogacy Leave: Surrogate mother (Provide supporting evidence)			No of weeks

SECTION B: For periods covering parts of a day or fractions				
Type of Leave Taken as Working Days	Date	Start Time	End Time	Number of Hours/ Minutes
Annual Leave				h m
Normal Sick Leave				h m
Family Responsibility Leave (Provide supporting evidence)				h m
Pre-natal Leave (Provide supporting evidence)				h m
Paternity Leave (Provide supporting evidence)				h m
Special Leave				h m
Specify Type of Special Leave				
Leave for Union Office Bearers (Provide supporting evidence)				h m
Leave for Union Shop Stewards (Provide supporting evidence)				h m
Specify Union Affiliation				

I hereby certify that I have acquainted myself of my available leave credits and with the rules governing the leave I have applied for. Further, I am certifying that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I fully understand that if I do not have sufficient leave credits from my previous or current leave cycle to cover for my application, my capped leave as at 30 June 2000 will be automatically utilised.

EMPLOYEE SIGNATURE

DATE

Recommendation by Supervisor/Manager (Mark with X)

Recommended		Not Recommended		Rescheduled	
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REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):

MANAGER'S/SUPERVISOR'S SIGNATURE

DATE

Approval by Head of Department (Mark with X)

Approved With Full Pay		Approved Without Pay		Not Approved	
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REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):

SIGNATURE OF HOD OR DESIGNEE

DATE

Data Capturing

Captured By: _____ Captured On _____ Signature _____

Checked By: _____ Checked On: _____ Signature _____



PRESCRIPTS FOR NORMAL SICK LEAVE, INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT

1. The principal or his/her delegated person must capture staff attendance on the People Management Practices System (PMPS) before 10:00. If for any reason attendance cannot be captured before 10:00, the circuit manager must be informed to allow him/her to capture the attendance on the PMPS.
2. Supervisors/line managers must keep employee leave registers to manage and monitor leave trends among their staff.
3. Principals and supervisors/line managers must draw a report from the PMPS weekly, analyse the data, identify trends and intervene to provide support to ensure effective teaching and learning.
4. All applications for leave within the 36-days' sick leave entitlement must be submitted on a Z1(a) leave form (with medical certificate(s) attached, if necessary). The general rule that sick leave applications must, where possible, be submitted beforehand or within two working days of the first day of absence, must be **adhered** to at all times.
5. Principals and supervisors/line managers must **upload** completed leave application forms on the PMPS for processing within **10 days** of the date on which the leave was taken. A copy of the completed form must be kept by the applicant's principal or supervisor/line manager for record purposes. **No hard copies must be submitted to Head Office.**
6. The timeous submission of leave forms will allow for the effective management of an employee's sick leave and enable the Western Cape Education Department (WCED) to provide an accurate record of employees' leave at any given time. **If a principal does not comply with the above instruction, disciplinary steps will be instituted against him/her.**
7. Leave applications on the Z1(a) leave form for public servants must be signed by the employee applying for leave and the "Recommendation by

Supervisor/Manager" section must be completed and signed by the supervisor/line manager.

8. Leave applications on the Z1(a) leave form for educators, office-based educators and public servants must be signed by the employee applying for leave and the "Recommendation by Principal/Supervisor/Manager" section must be completed and signed by the principal or supervisor/line manager.
9. In the event of the principal or supervisor/line manager not recommending an application for sick leave, he/she must provide reasons to the employee concerned as well as to the WCED.
10. The excessive use of sick leave has become a major source of concern in the public sector, as it affects the employer's commitment to service delivery. Strong emphasis is therefore placed on the use and management of leave, especially sick leave, and the abovementioned prescripts place an obligation on both employer and employee to comply with the prescribed requirements in this regard. Employees should note that they are obliged to apply for temporary incapacity leave within five days after they become aware that they need or may need such leave.
11. Principals and supervisors/line managers are referred to the *Protocol: Addressing absenteeism in the Western Cape Education Department, 2018* (Annexure C) to manage sick leave/absenteeism.
12. **For every 15 consecutive days' leave without pay taken, an employee's sick leave entitlement is reduced by 1/36th (one day) of the leave cycle in the case of educators and 1/72nd (half a day) in the case of public service employees.**

DPSA APPLICATION CHECKLIST

Application type	
Employee Name	
Institution/ Department	
Application period	

	Yes/No	Comments
Consent form (signed consent form compulsory)		
Employer statement (applicable to LP and IHR applications)		
Employee statement (applicable to LP and IHR applications)		
Sick Leave Record <ul style="list-style-type: none"> first time applications submit the previous and current sick leave cycles persal records repeat applications submit the current sick leave cycle persal records leave forms for the sick leave cycles are optional 		
Medical certificates <ul style="list-style-type: none"> first time applications submit the previous and current sick leave cycles medical certificates repeat applications if all the medical certificates for the current sick leave cycles have been submitted previously submit the medical certificates applicable to the period being applied for 		
Medical reports/ statement by attending doctor <ul style="list-style-type: none"> compulsory for LP and IHR applications (please note that specialist reports and the statement by attending doctor must not be older than 6 months) 		
Additional Reports and Collateral Information <ul style="list-style-type: none"> Report by line manager/HR EAP reports/EAP manager referrals Pathology/Radiology Reports Psychologist reports 		
ADDITIONAL COMMENTS (OPTIONAL):		